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RECOMMENDATIONS FOR FUNDING FROM GENERAL RESOURCES AND SUPPLEMENTARY FUNDS FOR SHORT-DURATION COUNTRY PROGRAMMES*

SUMMARY

The present document contains recommendations for funding from general resources and supplementary funds for country programmes with a duration of three years or less that support activities in countries where full-length country programmes are under preparation. The Executive Director recommends that the Executive Board approve the following amounts from general resources, subject to the availability of funds, and the following amounts in supplementary funds, subject to the availability of specific-purpose contributions, for the country programmes listed below.

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Burkina Faso	5 500 000	8 107 000	1993-1994
Djibouti	250 000	-	1994
Paraguay	1 371 000	-	1993-1994
Zaire	20 460 000	9 743 000	1993-1995

Summaries of individual recommendations follow.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1992, will be contained in the "Summary of 1993 recommendations for general resources and supplementary funding programmes" (E/ICEF/1993/P/L.2 and Add.1).

I. BURKINA FASO

Basic data (1990 unless otherwise stated)

Child population (millions, 0-15 years)	4.9
U5MR (per 1,000 live births	206
IMR (per 1,000 live births)	120
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1986)	810
Literacy (% male/female)	28/09
Primary school enrolment (% net, male/female)	36/24
Percentage of grade 1 reaching grade 4 (1988)	82
Access to safe water (%) (1988)	69
Access to health services (%)	..
GNP per capita	$350

One-year-olds fully immunized against:

tuberculosis:	60 per cent
diphtheria/pertussis/tetanus:	38 per cent
measles:	36 per cent
poliomyelitis:	38 per cent

Pregnant women immunized against:

tetanus:	76 per cent

The situation of children and women

1. A land-locked Sahelian country of 270,000 square kilometres with more than 9.5 million inhabitants who are mainly farmers and livestock breeders, Burkina Faso is one of the poorest countries in the world, with a per capita gross national product (GNP) of $350. The infant mortality rate (IMR) is 120 per 1,000 live births; the under-five mortality rate (U5MR) is 206 per 1,000 live births; and the maternal mortality rate (MMR) is 810 per 100,000 live births.

2. Between 41 and 51 per cent of infants suffer from protein energy malnutrition, even during their first year. Some micronutrient deficiencies are also endemic, with more than 10 per cent of the total population suffering from goitre. Anaemia has been detected in 70 per cent of children under five years of age. Forty per cent of pregnant women are anaemic, which causes 12 per cent of children to be born with a low birth weight of less than 2.5 kilogrammes. Thirteen per cent of the population suffers from vitamin A deficiency. Estimates from the World Bank show that 60 per cent of the population does not have assured access to food, including 18 per cent (1.7 million persons) for whom food insecurity is a chronic problem.

3. In all ethnic groups, the ideal of maximum procreation is highly valued. The average number of children per woman is 7.2 and the status of a woman is

defined by her role as a spouse and a mother. While the People and Family Code, adopted in 1990, attempts to promote the status of women beyond what is accorded by traditional customs, its content is not widely known. Women still face compulsory and early marriage, imposed polygamy, marriage to a deceased husband's relative and repeated pregnancies.

4. Women's illiteracy rate is 91 per cent, while the overall rate of illiteracy is 82 per cent. Girls represent only 37 per cent of schoolchildren. Subsistence farming is the main activity of the majority of women. Whether in rural or urban areas, women remain dominated by men, although they contribute a great deal to economic production.

5. Access to water is reasonably good (69 per cent), but access to sanitation is very low (8 per cent). The incidence of water-borne diseases remains very high due to poor hygiene practices. Burkina Faso is one of the countries in Africa where dracunculiasis (guinea worm disease) is endemic.

6. Since 1990, the country has been going through a process of democratization and a return to civilian rule. Following the adoption of a constitution and free elections, the Government commands a strong majority in Parliament, thus improving prospects for political stability and continuity. The country has been carrying out a structural adjustment programme since 1991. It is structural adjustment with a human face, judging from the measures taken to protect the most vulnerable groups and to avoid budgetary cuts and lay-offs of staff in social sectors such as health and education, for which budgets for investment and operational costs have increased. In 1991, abundant rainfall was favourable for agricultural production, leading to a 6 per cent increase in gross domestic product in real terms, while inflation was moderate.

Programme cooperation, 1991-1992

7. The programme of cooperation approved for 1991-1992 consisted of four sectoral areas: health; household food security; education; and water supply and sanitation. Nearly one half of the available resources were devoted to the health sector, with the expanded programme on immunization (EPI) as the main project. UNICEF provided vaccines, cold-chain and vaccination equipment, support for training and communications and some recurrent costs for EPI. Because immunization coverage increased but universal child immunization (UCI) was not achieved, corrective measures were introduced in 1991. These included focusing on children of under one year of age and making immunization a routine activity at all health centres. In the area of the control of diarrhoeal diseases (CDD), UNICEF provided oral rehydration salts (ORS) sachets, equipment and materials to over 400 oral rehydration centres and provided support for the training of 800 paramedical workers. Maternal health care and breast-feeding promotion helped to improve substantially prenatal and obstetrical coverage. In total, 167 peripheral health units and 2 maternity facilities were equipped and then medical staff trained. Communication and data collection activities were also carried out, and the "baby-friendly" hospital initiative was begun in two major cities.

8. A major move in the health sector in 1991 was the Government adoption of the Bamako Initiative strategy as a means of establishing a functioning primary health care (PHC) system. The result was the introduction, in 1992, of national

policies regarding essential drugs and community participation in financing and managing funds raised for the health system.

9. Food security and nutrition activities were geared towards the formulation of a national nutrition strategy. Community nutrition and rehabilitation centres and a unit for the production of local weaning foods were equipped; health staff at different levels were trained; support was provided to women's groups in dry-season gardening; and a survey on the relationship between diarrhoea, malnutrition and socio-economic factors was undertaken. An assessment of this programme in mid-1992 concluded that food security and nutrition programmes need to include more community-based interventions, to encompass both urban and rural areas, and to introduce a preventive approach.

10. Assistance to primary education included support for the implementation of the basic education plan of action, preparation for the World Conference on Education for All and for redefining the national basic education policy. A participatory survey on the socio-cultural aspects of girls' primary school attendance undertaken with parents and teachers identified the causes of under-enrolment and high drop-out rates for girls. A study on pre-school education revealed the need to agree on the purpose of garderies populaires (crèches) and to define material and financial conditions, as well as human resources, that will lead to the development of an affordable and effective system.

11. The rural water supply project provided potable water to 350,000 people through the construction or rehabilitation of water points equipped with hand-pumps. In 1991, the water programme was reoriented towards the eradication of dracunculiasis within the framework of the national eradication plan. The successful physical implementation of this programme did not always yield the expected social impact. Villagers still fetch water from polluted ponds for domestic use in communities that benefited from boreholes fitted with hand-pumps, which indicates that health education and sanitation activities need to be enhanced.

Lessons learned

12. The main lessons to be learned from the 1991-1992 programme of cooperation are that: (a) women must be a key concern in all projects; (b) interventions should be selective and should focus on replicability so as to multiply the effect of limited resources; (c) recipient communities should receive necessary information and knowledge so they can become more involved in programme formulation, financing and management; (d) coordination between various partners should be strengthened at the policy development level; and (e) support should be continued to strengthen national capability in planning and management.

Recommended programme cooperation, 1993-1994

Estimated annual expenditure

(In thousands of United States dollars)

General resources	1993	1994	Total
Basic health	1 300	1 300	2 600
Basic education	220	220	440
Water supply and environmental sanitation	180	180	360
Community development and family support	380	380	760
Information and communication	225	175	400
Social planning, monitoring and evaluation	75	125	200
Programme support	370	370	740
Subtotal	2 750	2 750	5 500
Supplementary funding			
Basic health	1 407	1 625	3 032
Basic education	976	854	1 830
Water supply and environmental sanitation	950	950	1 900
Community development and family support	400	225	625
Social planning, monitoring and evaluation	390	330	720
Subtotal	4 123	3 984	8 107
Total	6 873	6 734	13 607

Programme strategy

13. The years 1993-1994 will be a transition period for planning and preparing the 1995-1999 programme of cooperation. The objectives identified for the year 1994 will be intermediate ones to those defined in the national programme of action (NPA) prepared by the Government as a follow-up to the World Summit for Children. The programme will pursue its objectives through (a) strengthening national capacities and promoting community participation, particularly with regard to planning, implementation, financing, management, follow-up and evaluation of social services and their sustainability; (b) concentrating interventions on disadvantaged areas in order to reduce geographical disparities and on young girls in order to reduce gender disparities; (c) enhancing national commitment and popular support and demand for child survival and development services; (d) consultation and coordination with all strategic partners (multilateral and bilateral cooperation agencies and non-governmental organizations (NGOs)) and integration of multisectoral activities in specific areas in order to avoid duplication, ensure synergy among various programmes and maximize the cost-effectiveness and impact of interventions; and (e) promoting decentralization in planning and implementation of programmes to enhance communities' sense of ownership.

Programme goals and objectives

14. In seeking to improve the well-being of children in Burkina Faso, the new programme will pursue the following objectives: (a) the reduction of IMR and MMR; (b) greater access of children, particularly girls, to basic education, in addition to improving the quality of basic education and reducing illiteracy, particularly for women; (c) eradication of dracunculiasis; and (d) enhancing national capacity to plan and implement social development initiatives.

15. The 1993-1994 programme of cooperation includes the following six sectoral areas of activity: (a) social planning, monitoring and evaluation; (b) information and communication; (c) basic health; (d) basic education; (e) water supply and sanitation; and (f) programme support.

Social planning, monitoring and evaluation

16. The purpose of this programme area is to improve social planning methods and programme follow-up and evaluation. Sectoral ministries involved in country programme implementation will be assisted in setting up an information gathering and analysis networks by gender and province. This will lead to a system for monitoring social indicators at national, provincial and community levels. National research institutes, communities and government departments will also receive assistance for training, participatory studies and evaluation.

Information and communication

17. Activities in this area will reinforce the country's information and communication capacity through utilization of modern and traditional media. Advocacy in favour of policies and programmes to achieve goals recommended by the World Summit for Children and adopted in the NPA will be supported. Communication and information efforts will be aimed at the public and decision makers so they can be better informed, aware and committed. UNICEF will provide assistance for the implementation of a series of consciousness-raising information and communication activities including seminars, workshops, media production and special events.

Basic health

18. The overall aim of the programme is to improve the country's bleak health situation. The main objectives are (a) to reduce the incidence and prevalence of diseases that contribute most to high IMR and MMR; and (b) to increase and maintain immunization coverage at 80 per cent.

19. These objectives will be achieved through strengthening the capacity of the health system in order to provide a set of essential services according to the principles of the Bamako Initiative. At 400 health centres, the programme will develop a health care system that will entail the provision of essential drugs, cost recovery, improvement of quality of care and community participation. Each health unit will provide the population with a minimum package of curative and preventive services including treatment of common ailments, immunization, oral rehydration therapy (ORT), pre- and post-natal care and maternity and family planning services. The programme will also implement communication and information activities aimed at containing the spread of sexually-transmitted

diseases (STDs) and acquired immunodeficiency syndrome (AIDS), focusing on young people between the ages of 10 and 19 years. Assistance will continue for the "baby-friendly" hospital initiative, concentrating on the major hospitals and the maternal and child health (MCH) centres in the two major towns, Ouagadougou and Bobo Dioulasso. UNICEF assistance will be in the form of support for training, supervision and policy development as well as basic supply and equipment.

Basic education

20. The programme aims to improve basic survival and development knowledge and skills, especially among women and girls. In order to achieve this goal, the programme will help to: (a) increase overall primary school attendance from 30 to 36 per cent and the attendance of girls from 23 to 28 per cent; (b) decrease the primary school drop-out rate to under 10 per cent; (c) increase the overall literacy rate from 16 to 28 per cent, with special attention to women; (d) double the number of children benefiting from early childhood development services offered to children between the ages of three and six years in pre-school facilities; and (e) lay the foundation for a universal primary education strategy through analysis, experiments and policy development. Education activities will be carried out through projects for primary education, women's literacy and early childhood development.

21. Under the primary education project, operational research will be carried out in order to understand better the causes of low enrolment rates, especially of girls, and appropriate policy options will be examined. Assistance will also be provided for the training of 3,800 teachers and 100 administrative agents of inspectors. The teacher-training curriculum will include teaching methods, planning and management, supervision of primary education and computer skills. Five provincial primary schools (inspections scolaires) will be provided with basic equipment, including computers and vehicles. This assistance will facilitate the work done by these institutions in the areas of supervision, data collection and analysis of the primary school system. The project will also develop a relevant curriculum which includes life skills such as Facts For Life, and produce and distribute pedagogical materials to teachers and pupils based on the new curriculum. Finally, UNICEF will assist the Government in implementing and preparing an experimental system of non-formal education for young girls and boys 8 to 14 years of age who do not have access to primary schools.

22. The literacy project will help to establish a policy for literacy and post-literacy activities that contribute to increasing the literacy rate from 16 to 28 per cent by the end of 1994. The project will be implemented in five provinces, although some activities will be implemented at the national level. Assistance will be provided to evaluate literacy activities conducted since 1983. Fifteen permanent literacy and training centres will receive basic equipment, and literacy animators will receive pedagogical materials.

23. The early childhood development project will receive UNICEF assistance to enable the Government to formulate a clear early childhood development policy that will encompass a community-based approach and redefine the objectives and the place of pre-school education within the framework of basic education; and expand technical capacity to offer appropriate early childhood care.

Water supply and environmental sanitation

24. The activities related to dracunculiasis eradication will be used to decrease the incidence and prevalence of diarrhoea-related diseases in children under five years of age, in addition to reducing the incidence of dracunculiasis by 75 per cent in the villages served by the programme within one year, and by 90 per cent in two years. The strategy will be to obtain the cooperation and support of other partners to include the eradication of dracunculiasis in their water and health programmes, while UNICEF concentrates its intervention in villages with no other external assistance. UNICEF assistance is to be provided in the form of material, equipment and support for studies and monitoring. Training and social mobilization will facilitate implementation of key activities, including mapping the essential characteristics of all the villages with endemic dracunculiasis, creating water points to supply potable drinking water in those villages, and providing adequate sanitation facilities and health education to induce behavioural changes with regard to environmental and personal hygiene, and water treatment to eradicate dracunculiasis in endemic villages. Two experimental initiatives, one urban and one rural, will lay the basis for the establishment of a national policy related to a healthy environment.

Community development and family support

25. The aim of the programme is to empower families and communities to be the main agents of child survival, protection and development. By supporting participatory mechanisms in the village and the dissemination of relevant information and knowledge, the programme will help to improve family and community involvement in the areas of household food security, nutrition, and children and women in especially difficult circumstances. Relevant training activities will be organized to increase qualified human resources in the villages, strengthen interaction between beneficiaries and services, and improve local capacity to mobilize and organize development activities. Particular attention will be paid to enhancing women's status in relation to their role in the development of the family, community and country.

Programme support

26. Provision is made for the overall staffing, logistics and operational needs of the programme of cooperation. These and other cross-sectoral requirements such as general programme communication and mobilization, evaluation and social statistics seen as critical to the implementation of the programme will be financed from an allocation for programme support.

II. DJIBOUTI

Basic data (1991 unless otherwise stated)

Child population (thousands, 0-15 years)	215
U5MR (per 1,000 live births)	161
IMR (per 1,000 live births)	115
Underweight (%, moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1989)	740
Literacy (%, male/female)	51/28
Primary school enrolment (%, net, male/female)	57/44
Percentage of grade 1 reaching grade 4 (1988)	89
Access to safe water (%) (1990)	82
Access to health services (%) (1990)	86
GNP per capita (1986)	$475

One-year-olds fully immunized against:

tuberculosis:	96 per cent
diphtheria/pertussis/tetanus:	88 per cent
measles:	86 per cent
poliomyelitis:	88 per cent

Pregnant women immunized against:

tetanus:	80 per cent

The situation of children and women

27. A regular country programme recommendation for Djibouti will be submitted to the Executive Board in 1994. The current programme, which was approved by the Executive Board in 1988 for the period 1989-1993 (E/ICEF/1988/P/L.18) will run out of funds by the end of 1993. The present recommendation for a short bridging programme is being presented to the Executive Board in order to maintain continuity and to meet the needs of children and women in Djibouti for the period January to April 1994, when the new country programme will come into effect.

28. Djibouti is faced with challenges caused by its limited resources, demographic composition and geographical location. Its IMR, U5MR and MMR (115 per 1,000 live births, 161 per 1,000 live births and 740 per 100,000 live births, respectively) are among the highest in the world. It is also affected by the effects of the global recession, structural adjustment policies and the pressure of internal conflict and of the emergencies in the Horn of Africa. Health problems in Djibouti are similar to those in neighbouring countries and include high incidences of tuberculosis, diarrhoea-related dehydration, acute respiratory infections (ARI) and STDs. Primary school enrolment and literacy are modest, with a notable gender gap.

29. Despite internal and regional political unrest and a deteriorating economy, the Government of Djibouti has consistently maintained children and women at the top of its political and technical agendas and has taken concrete measures to translate this commitment into reality.

30. The Djibouti NPA was one of the first to be launched, on 30 September 1992. It aims to maintain and reinforce gains in maternal and child survival and development by focusing on priority areas of health and nutrition and intensifying the use of national capacities through social mobilization, while addressing the impact of the Horn of Africa emergency on the country's social sector. The NPA identifies human resource development as a main area of government concern which is to be achieved through the expansion of basic education and the training of middle-level managers. These objectives have been incorporated in the 1991-1995 National Development Plan and the 1990-2000 Economic and Social Law. The Government is actively pursuing its efforts to implement the Convention on the Rights of the Child by progressively adopting and implementing legal provisions for this purpose. In November 1992, the Government participated in the League of Arab States high-level meeting on child welfare, protection and development, as well as in the International Conference on Assistance to African Children.

Recommended programme cooperation, 1994

Estimated annual expenditure

(In thousands of United States dollars)

General resources	1994
Health	117.3
Water supply and sanitation	46.0
Women in development	50.0
Programme support	36.7
Total	250.0

31. In 1992, the Executive Board approved an amount of $954,000 from general resources for the period 1992-1993 to cover the short-fall in approved funds resulting from increased programme implementation and an increase in planning levels (E/ICEF/1992/P/L.39). Since the inception of the present programme of cooperation in 1989, significant progress has been achieved in the reduction of diarrhoeal diseases and in the control of malnutrition and ARI among children under the age of five years. UCI was achieved in 1990 for all antigens. UNICEF and the World Health Organization (WHO) are jointly supporting the Government's plan to decentralize basic health services to reach unserved populations in rural districts and poor urban slums. The number of health centres was raised from 18 in 1986 to 34 in 1991, increasing access to health services to 86 per cent.

32. The maternal health programme has yielded good results. Births in maternity wards and through trained midwives has increased to 75 per cent, a 35 per cent increase since 1987. Newly trained traditional birth attendants

(TBAs) have played an important role by promoting prenatal care and attending home deliveries. Furthermore, 85 per cent of women of child-bearing age have received tetanus toxoid vaccination as part of the immunization programme. Bilateral agencies, particularly the Italian Cooperation Mission, as well as national and international NGOs are supporting the MCH programmes. UNICEF assistance includes the provision of MCH supplies and essential drugs and support for the training of over 50 health workers and 310 TBAs.

33. A national functional literacy programme, with a particular focus on young women and girls, was launched on 19 October 1991. The United Nations Development Programme (UNDP), the United Nations Educational, Scientific and Cultural Organization (UNESCO), UNICEF and the Government of France are jointly supporting this Ministry of Education programme, which draws on the resources of the formal education sector to teach literacy, numeracy and Facts for Life messages to adults across the nation. The Union des Femmes Djiboutiennes (Union of Djiboutien Women) is an active partner in this programme.

34. The unabated influx of refugees and the displaced threatens these newly acquired gains as it continues to tax Djibouti's resources. In the health sector, 70 per cent of the capacity is reportedly utilized by non-nationals, mostly women and children. The Government, together with UNDP, WHO and UNICEF, is assessing the rapidly changing socio-economic environment in the light of current events, including the democratization process and regional developments. Results are expected towards the end of 1993.

35. The new five-year programme of cooperation between the Government and UNICEF, to be submitted to the 1994 Executive Board, will reflect Government priorities and commitments as outlined in the NPA, as well as UNICEF global priorities. Special attention will be given to basic education and assistance to children in especially difficult circumstances in urban slums. In the interim, UNICEF will continue to support government programmes for MCH, AIDS control and women's development. UCI will be sustained through the provision of supplies and the training of staff, while nutrition activities, breast-feeding and the "baby-friendly" hospital initiative will be pursued through training, the production of advocacy material and the dissemination of Facts for Life. UNICEF assistance will continue to be provided for the training of TBAs, the provision of essential drugs and vitamins, the development and expansion of education and literacy activities for girls and young women, and sanitation and hygiene activities in the urban slums.

III. PARAGUAY

Basic data (1991 unless otherwise stated)

Child population (millions, 0-15 years)	2
U5MR (per 1,000 live births)	59
IMR (per 1,000 live births)	48
Underweight (%, moderate and severe)	4
Maternal mortality rate (per 100,000 live births) (1989)	300
Literacy (%, male/female)	92/92
Primary school enrolment (% net, male/female)	93/92
Percentage of grade 1 reaching grade 4 (1988)	57
Access to safe water (%) (1990)	34
Access to health services (%) (1990)	61
GNP per capita (1986)	$1,210

One-year-olds fully immunized against:

tuberculosis:	93 per cent
diphtheria/pertussis/tetanus:	79 per cent
measles:	74 per cent
poliomyelitis:	79 per cent

Pregnant women immunized against:

tetanus:	54 per cent

Background

36. The country programme for Paraguay for the period 1989-1993 was approved by the Executive Board in 1989 (E/ICEF/1989/P/L.13) in the amount of $1.5 million from general resources. The annual planning level for Paraguay was increased to $750,000 in 1991 and to $1.2 million from 1993 onwards. The increase in the planning level and the support of the Government to programmes for improving the situation of children and women have enabled the Government and UNICEF to accelerate implementation of the country programme. Additional funds in the amount of $1,371,000 are being requested to make it possible for the country programme to carry out normal programme activities in 1993 and 1994. A new country programme recommendation will be presented to the Executive Board in 1994 for the period 1995-1999. The current programme of cooperation includes four major components: health; nutrition; water supply and sanitation; and social communication and mobilization. Activities to be continued in these areas in 1993 and 1994 are briefly described below.

Recommended programme cooperation, 1993-1994

Estimated annual expenditure

(In thousands of United States dollars)

General resources	1993	1994	Total
Health	-	628	628
Education	86	262	348
Nutrition	49	116	165
Children in especially difficult circumstances	36	30	66
Social communication	-	41	41
Programme support	-	123	123
Total	171	1 200	1 371

Health and nutrition

37. The health and nutrition programme responds to several government priorities: improvement in basic health service; promoting UCI; CDD; and the reduction of iodine deficiency disorders (IDD).

38. UNICEF will continue to support government efforts to reduce morbidity and mortality in children under five years of age caused by diarrhoeal diseases, vaccine-preventable diseases, ARI and malnutrition, as well as to reduce the incidence of low birth weight. This programme entails the strengthening of the capacity of the Ministry of Health to increase immunization coverage to 90 per cent of children under one year of age. Improvement of knowledge about the use of ORT is accompanied by the distribution of 1 million ORS packets and the establishment of 8,000 oral rehydration units. UNICEF is assisting the training of health personnel at different levels and equipping more than 400 health centres in poverty zones. Support is being provided to training and the production of educational material on prevention of ARI as well as on AIDS.

39. Cooperation in nutrition is aimed at promoting breast-feeding, adequate weaning foods and the use of growth charts and nutrition surveillance. "Baby-friendly" hospital activities will be continued at the hospitals of the Paraguayan Red Cross, San Pablo and the National Hospital of Itaugua. UNICEF is contributing to the control of IDD, particularly among school-age children and pregnant women, through the distribution of iodine capsules, the control of imported salt and the distribution of iodized salt. The Catholic Church and some NGOs have been involved in social mobilization and extension of services for monitoring child growth and development.

Basic education

40. UNICEF supports activities related to early child care and development and the diffusion of Facts for Life. Based on the successful experience of the Mitai Roga pre-school community centres, pre-school facilities are being expanded to serve about 150,000 children under five years of age living in rural

areas. The National Coordinating Committee of the Council for Educational Reform is receiving technical support to assess and develop policy alternatives to respond better to political and economic changes in the country. One concern is about improving the quality of teaching and learning in the first grade, which has especially high drop-out and repetition rates. Literacy courses and courses based on Facts for Life are being supported in selected states. These activities are conducted through both schools and non-formal channels such as community associations, churches and NGOs.

Children in especially difficult circumstances

41. This project supports the formulation of national policies and actions, based upon the Convention on the Rights of the Child, to guarantee access to basic education, health services and better nutrition for children in especially difficult circumstances. Emphasis is placed on the protection of working children and street children. Financial assistance is provided to strengthen institutional capacity through the training of "street educators" and advocacy and social mobilization. Demonstration projects run by local NGOs aimed at street children and working children are supported in Asunción.

Social communication

42. UNICEF is supporting mass awareness campaigns on the principles set forth in the Convention on the Rights of the Child as well as on the situation of children and women. Assistance is provided to the Social Communication Unit of the Ministry of Health to promote awareness and practices related to CDD, cholera and micronutrient deficiencies. The production of educational materials for newspaper, television and radio is especially emphasized.

Cooperation with other United Nations agencies

43. The country programme runs concurrently and, in many cases, in direct collaboration with the programmes of other United Nations agencies. The World Food Programme (WFP), the United Nations Population Fund (UNFPA) and the Pan American Health Organization (PAHO)/WHO are members of the country programme coordinating committee, along with representatives of the national Government. As such, these agencies actively participated in the formulation of the programme. Equally, UNICEF has been involved in the planning processes of other agencies, particularly the UNDP human development initiative. Close cooperation exists with PAHO/WHO on child survival and women's health activities; with UNDP and WFP in salt iodization and iodized oil capsule distribution; and with UNFPA in the area of maternal health. Activities in education are coordinated with UNESCO, the World Bank and UNDP in relation to the government commitment to Education for All by the Year 2000. Close collaboration is maintained with other groups such as the Peace Corps, Friends of America, Rotary International, the Junior Chamber of Commerce, and Radda Barnen.

IV. ZAIRE

Basic data (1991 unless otherwise stated)

Child population (millions, 0-15 years)	22.1
U5MR (per 1,000 live births)	180
IMR (per 1,000 live births)	117
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1989)	800
Literacy (%, male/female)	84/61
Primary school enrolment (% net, male/female)	67/53
Percentage of grade 1 reaching grade 4 (1988)	77
Access to safe water (%) (1990)	33
Access to health services (%) (1990)	26
GNP per capita (1986)	$220

One-year-olds fully immunized against:

tuberculosis:	67 per cent
diphtheria/pertussis/tetanus:	35 per cent
measles:	38 per cent
poliomyelitis:	34 per cent

Pregnant women immunized against:

tetanus:	24 per cent

The situation of children and women

44. Of Zaire's 36 million people, about 60 per cent are children under 15 years of age, and about 18 per cent are children under five years of age. The World Bank projects an annual population growth of 3 per cent from 1992 until the end of the century, which would produce a population of 50 million by the year 2000. Some 61 per cent of the population live in rural areas, but the proportion of the population in urban areas has grown substantially as people move to towns in search of work and away from farming communities, long starved of investment. A new political administration was established by law, dividing the country into 10 economically and administratively autonomous regions plus the capital.

45. Despite its vast natural resources, Zaire was classified by the World Bank as the world's twelfth poorest country in 1992, with a per capita GNP of just $220. Zaire is facing one of the worst social, economic and political crises of its history. Sudden massive unemployment, hyperinflation of food prices and intermittent paralysis of social services and basic infrastructure are taking a frightening toll on the country's children. The explosion of the money supply and the widespread shortages of basic commodities have resulted in hyperinflation. The Institut national de la statistique has announced an overall 1991 inflation rate of 4,228 per cent.

46. Most foreign assistance was frozen following the political turmoil in September 1991. The collapse of the economy has greatly affected the income of poor families and has also resulted in the marginalization and disintegration of families, affecting children especially hard. In addition, the situation is worsening for some 30,000 children under 15 years of age who work in diamond and gold mines or accompany their parents to the mines, where they are victims of physical and psychological abuse. The full impact of the crisis on children and women is still unknown, partly because the country lacks a system for monitoring changes in living conditions, particularly those of the poor, and because the situation is changing so rapidly. Children and women in Zaire, who are vulnerable and unprotected, are today living in a virtual state of emergency.

47. IMR was estimated at 117 per 1,000 live births in 1991, but there are regions of the country (Kivu, Shaba and Kasaï) where the rate exceeds 130. MMR exceeds 800 per 100,000 live births. AIDS is quickly becoming a major killer. Studies in Kinshasa have shown an 11 per cent human immunodeficiency virus infection rate in pregnant women. Two out of five children between 6 and 11 years of age have no access to primary school, while only 42 per cent of girls attend primary education. Although water is present in the whole of Zaire, only 39 per cent of urban and 17 per cent of rural families have access to safe drinking water.

48. The country is engaged in a process of establishing a Government following the establishment of a National Sovereign Conference in June 1992. The different commissions of the Conference have presented outline proposals for a democratic third republic Government. The newly appointed transition Government inherited an administration characterized by mismanagement, an underpaid civil service and demoralized staff, which will make the tasks ahead very difficult and their implementation uncertain.

Programme of cooperation, 1991-1992

49. The 1991-1992 programme of cooperation sought to reduce IMR, U5MR and MMR and to ensure the survival and well-being of children. Strengthening managerial and supervisory capacity at subnational and community levels and improving the delivery of basic health education, and water supply and sanitation services were among the key strategies of this programme.

50. The September 1991 unrest resulted in a deterioration of the situation in the country and brought many public services to a standstill. Schools closed, and some have not yet reopened; health service facilities often are not functioning; and various social development programmes ground to a halt especially because of the withdrawal of support from bilateral cooperation. Reflecting this new situation and the constraints it imposed, some changes were made in the 1991-1992 programme structure. New interventions were introduced to make the programme more responsive to immediate priority needs in the context of a region-focused strategy. The UNICEF programme of cooperation is being implemented essentially as an emergency programme concentrating only on few priority sectors.

51. The health and nutrition programme received substantial financial support from the United States Agency for International Development (USAID) and Rotary International in 1992. Within an emergency programme designed with the

collaboration of various NGOs, the health programme continued to provide urgently needed essential drugs and medical equipment to keep the health service facilities functioning and to make vaccines and cold-chain and vaccination equipment available at the regional level. In April 1991, the first national evaluation of vaccination coverage in the 11 regions of the country was carried out with technical and financial support from USAID, WHO, Rotary International and UNICEF. It showed that actual coverage was lower than reported by routine data. Global vaccination coverage for children 12-23 months old was 23 per cent, with 67 per cent for tuberculosis, 35 per cent for combined diphtheria/pertussis/tetanus, 34 per cent for polio and 39 per cent for measles.

52. Support for the prevention of malaria included the purchase of chloroquine tablets and training. Nutritional studies were carried out in the northern regions of the country. IDD problems were identified and UNICEF assistance helped to create the National Institution for IDD Control. The project "4,000 forages", partly financed by USAID, has up to now drilled and equipped 215 wells with hand-pumps in the Shaba region, serving approximately 150,000 people. Construction of private and community latrines has been conducted at public health centres, schools and individual premises. UNICEF also supported the city of Kinshasa garbage disposal project.

53. Due to prevailing conditions, educational assistance concentrated on PHC by promoting information in primary school and in teacher training about Facts for Life. At the regional level, teaching materials were provided for primary schools and teacher-training activities. With regard to children in especially difficult circumstances, advocacy and awareness-raising actions were undertaken on the principles of the Convention on the Rights of the Child.

54. Over the years, the Government, mostly unable to carry out its normal responsibilities, has relied on bilateral and multilateral cooperation as well as on NGOs to finance and, in most cases, implement social development programmes. UNICEF continued to urge national authorities at both leadership and operational levels to assume more responsibilities in programme implementation. At the same time, UNICEF has established good collaboration with NGOs, churches and organized groups at the community level, which are playing an increasing role in programme execution.

Lessons learned

55. Difficulties encountered during the implementation of the programme included: (a) the unequal distribution of basic infrastructure and social services; (b) problems with intersectoral cooperation at the grass-roots level; and (c) the breakdown of government functions and the poor morale and motivation of government personnel. These difficulties spurred alternative ways to sustain development activities, including strategies such as grass-roots development, community financing, decentralization and community participation.

56. UNICEF recognizes the need to make efficient use of scare resources so as to achieve a lasting and sustainable impact through more integration and complementary action at the regional level and improved targeting in a number of selected health zones. Taking into account refugees from Angola, Burundi, Rwanda, the Sudan and Uganda, there is a need to share information and coordinate with neighbouring country offices, especially for using these offices

as supply entry points for Zaire. The need to strengthen evaluation and monitoring of the activities was also indicated.

Recommended programme of cooperation, 1993-1995

Estimated annual expenditure

(In thousands of United States dollars)

General resources	1993	1994	1995	Total
Health	1 500	1 821	1 821	5 142
Nutrition	311	339	339	989
Education	744	744	744	2 232
Water supply, sanitation and environment	1 410	960	960	3 330
Children in especially difficult circumstances	180	188	188	556
Social mobilization and advocacy	217	248	248	713
Planning and social policies	186	248	248	682
Programme support	2 272	2 272	2 272	6 168
Subtotal	6 820	6 820	6 820	20 460
Supplementary funding				
Health	2 113	3 000	-	5 113
Nutrition	600	600	-	1 200
Education	500	700	-	1 200
Water supply, sanitation and environment	720	1 510	-	2 230
Subtotal	3 933	5 810	-	9 743
Total	10 753	12 630	6 820	30 203

Programme strategies

57. The overall goal of the proposed programme is to improve the situation of Zairian children and women by developing a series of mutually supportive services. Recognizing the high mortality and malnutrition rates, the bridging programme seeks to reduce IMR and U5MR from 117 and 180 per 1,000 live births, respectively, to 80 and 140; and to reduce MMR to below 600 per 100,000 live births. In pursuit of these objectives, attention will be given to gender disparity reduction, capacity-building, community participation, convergence of services, monitoring and evaluation, and joint programming with NGOs.

58. Given the crisis situation confronting children and women in Zaire, it is a serious challenge even to maintain the level of current social services. Present circumstances have led to a search for innovative ways to redirect investments so as to sustain coverage and enhance programme implementation.

59. To improve cost-effectiveness, programme activities will be concentrated geographically in six regions, within areas of influence of the three UNICEF outposted sub-offices at Bukavu (North and South Kivu and Maniema regions), Mbujimayi (East and West Kasai regions) and Lubumbashi (Shaba region). Actions will be directed towards an integrated service response to locally identified needs, using the health zones as a channel to reach communities.

60. Capacity-building will be supported through the training of community development committees, organized groups and existing government social sector personnel aiming at community self-help. At the regional level, support to planning, management and logistics in the social sectors will be provided in order to reinforce the capacity of the Government, NGOs and other institutions involved in social development at this level.

61. Improvement of planning and programme monitoring will be achieved in the six target regions and 32 health zones through a programme to strengthen planning and social statistics focusing on children under five years of age, those 6 to 12 years of age, and adolescents and women. Special emphasis will be placed on mobilizing rural communities and assisting them in identifying problems, planning how to solve them and providing inputs for implementing selected activities.

62. The main components of the bridging programme of cooperation are: health; nutrition; education; water supply and sanitation, including environmental concerns; and children in especially difficult circumstances. These are supported by action in planning and policy development and social mobilization.

Basic health

63. In order to increase access, utilization and the quality of health care, an integrated PHC approach will be developed and implemented in selected health zones. The Bamako Initiative strategy will be developed to revitalize health structures at the local level and to promote community participation through an integrated framework involving projects such as water supply and women in development. Health workers at health zone levels will be retrained on the organization and delivery of basic services, with particular attention to coordinating MCH components and integrating preventive and curative aspects, including health education for families. CDD, ARI, malaria control and safe motherhood activities will be implemented, utilizing the Bamako Initiative strategy as an entry point. AIDS education will be incorporated into school activities and a social communication programme will be aimed at influencing behavioural changes.

Nutrition

64. The nutrition programme seeks the elimination of acute malnutrition and the reduction of chronic malnutrition. Activities will be concentrated in the six regions covered by the established UNICEF sub-offices and will focus on nutrition surveillance, growth monitoring, the promotion of traditional foods and operational research. The implementation of strategies on micronutrient deficiencies will be promoted through advocacy and the necessary technical, financial and material support to the Ministry of Health.

Education

65. The education programme will be implemented within the framework of a sector improvement programme financed by the World Bank which aims to restore the quality of education in Zaire. Programme activities will concentrate on support to primary education through the provision of technical assistance and learning materials. Studies on promoting education of the young girl and women's literacy will also be supported. Community school linkages involving family participation in the education of children at rural level will be carried out based on an earlier experience in Bikoro. NGOs will be assisted in enhancing the income-generating capacity of families.

Water, sanitation and environment

66. The programme will concentrate on low-cost technologies for water supply and sanitation to be installed at schools, health posts and communities to serve 800,000 people. An environment component will be developed, including garbage disposal and environmental education, to address the major public health problems. The programme will strengthen the capacity of health zones to accelerate access to safe water through appropriate technical options which will be selected, including the development of low-cost drilling methods and using a community-based approach. Appropriate latrine designs that are affordable and easy to maintain will also be promoted. The formation of village committees will be supported through training, with the active promotion of women members.

Children in especially difficult circumstances

67. This programme pursues the following objectives: (a) encouragement and mobilization of public support for protection and development of children living under especially difficult circumstances; (b) studies and evaluations to determine their present condition, numbers and categories; and (c) reinforcing the capacities of NGOs and government institutions working with such children.